

FAIRFIELD CITY SCHOOL DISTRICT

COMPLAINT FORM REGARDING RESTRAINT/SECLUSION INCIDENT

Student Name: _____ Address: _____

Date of Birth: _____ Current Grade: _____

Please provide a brief description of your complaint including what happened, when it happened, and who was involved: _____

Explain what steps, if any, have already been taken to resolve this matter: _____

In your opinion, what additional steps should be taken to resolve this matter: _____

Signature

Date

Print

*All complaints will receive a written response by an administrator within 30 days.
Please feel free to attach additional information.